

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

19266

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28 1927

PLACE OF DEATH  
County Ray Registration District No. 915  
Township Knobville Primary Registration District No. 6236  
City Knobville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Celestia Ann Alexander  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. E. Alexander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25<sup>th</sup> 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 7 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Knobville  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER C. R. Ramsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Iowa

14. INFORMANT W. E. Alexander  
(Address) Rayville, Mo.

15. FILED June 3, 1927 Mrs. G. W. Gaines  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1924, to June 2, 1927, that I last saw him alive on June 2, 1927, and that death occurred, on the date stated above, at 5:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis of the  
Power  
33  
5 1/2 (duration) 2 yrs. mos. da.  
CONTRIBUTORY Chronic Rheumatoid  
(SECONDARY)  
Arthritis (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) G. W. Gaines M. D.  
June 2, 1927 (Address) Rayville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Knobville Mo DATE OF BURIAL June 3 1927  
20. UNDERTAKER Alspaugh & Cowley ADDRESS Polo Mo.

